FOR INSTRUCTIONS, SEE BACK OF FORM

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, Iowa 50319

Fax: 515-281-4073

# **DISCLOSURE SUMMARY PAGE**

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically. Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

and State Parties must be fil	ed electronically.		
COMMITTEE NAME (Must be same as on Statement of O	Prganization)		
Friends of Iowa Lakes Community Colleg	'e		
IMPORTANT: Indicate by # type of committee you are reporting (1) Statewide/Legislative/Judge Standing for Retention Candidate (4) County Central Committee (5) County Candidate (6) City Casubdivision Candidate (8) County PAC (9) City PAC (10) Sch (11) Local Ballot Issue	e(2)State PAC(3)State Party andidate(7)School Board or Other Political		-2 DISCLOSURE REPORT
, ( · · ) =		For Offic	ce Use Orliv # 21540
CANDIDATE COMMITTEES ONLY:			
Candidate Name	Political Party (if applicable)		ln
	, (,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 1	er
Office Sought	District (if Senate or House)	1 1	
ate reports are subject to possible civil and criminal penalties. andidate's committee, and the chairperson, for any other type	Pursuant to Iowa Code sections 68B.32Al of committee, is the individual responsible	(7) and 68A.401 for filing timely	(3), the candidate, for a and accurate reports.
SIGNATURE OF PERSON FILING REPORT	TELEPHONE		DATE SIGNED
AM FILING A 1/19/10 R	EPORT FOR (1) ELECTION /(2)NON-E	ELECTION VE	7B
(report date)	Indicate by #		uv.
CHECK IF AMENDMENT TO REPORT DATED			*
		ocal Committees	s, enter Date of Election
☐ Check if this is final (termination) report and attach Notic (You must continue to file reports until a DR-3 is file	امط ۱	County & Local C vhich Election is I	ommittees, enter County in held
STATEMENT OF CASH ON HA	ND		
CASH ON HAND at the beginning of the reporting period. ( committee. This amount MUST be the same as the of the last reporting period or must be zero if this is	ne cash on hand at the end	\$	0
ADD TOTAL MONEY TAKEN IN THIS PERIOD			
Schedule A: Cash Contributions total (Attach Sche	edule A) (*also see in-kind below)		·o- 1,000
Schedule F: Loans Received total (Attach Schedu			-1,000
Schedule H: Total Sales of Campaign Property (A			0
(Schedule H applies to Candidates' Co	mmittees Only)		
	SUB-TOTAL	\$	1,000
SUBTRACT TOTAL MONEY SPENT THIS PERIO	OD		
Schedule B: Expenditures total (Attach Schedule	B) (**also see debts and loans below)		1,000
Schedule F: Loan Repayments total (Attach Sche			0
CASH ON HAND at the end of this reporting period (if final r	·	<del></del>	0
*UNPAID BILLS (From Schedule D - Attach Schedule D)		<u></u>	
IN KIND CONTRIBUTIONS (From Schedule E - Attach Sch			
*OUTSTANDING LOANS (From Schedule F - Attach Sche	·		
CONSULTANT BREAKDOWN (Schedule G Attached?)	GGIG 1 /		
CANDIDATE COMMITTEES ONLY:		A Y	ES NO
	March Cabrada la LD	•	
/ALUE OF CAMPAIGN PROPERTY (From Schedule H - A	ttach Schedule H)	\$	

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

## For Instructions, See Back of Form

#### **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

<b>COMMITTEE NAME</b>	(Must be same as on Statement of Organization)
	Lakes Community College

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
10/01/2009	ID# CK#	Iowa Lakes Community College Foundation 19 South 7 <sup>th</sup> Street, Estherville, IA 51334		\$1,000	
04/2010	ID#	Jolene Rogers 7 South 550 Avenue		250	
	CK#	Ringsted, IA 50578		2	
02/26/2010	CK#	Iowa Lakes Community College Foundation 19 South 7 <sup>th</sup> Street Estherville, IA 51334		\$2,250	
3/30/2010	ID#	Iowa Lakes Community College Foundation 19 South 7th Street		\$2,250	
	CK#	Estherville, IA 51334			
04/10/10	ID#	Iowa Lakes Community College Foundation  19 South 7 <sup>th</sup> Street Estherville, IA 51334		\$5,000	
	ID#	Iowa Lakee Community College Foundation		\$2,00	
94/30/10	CK#	19 South 7 <sup>th</sup> Street Estherville, IA 51334			
	ID#				
	CK#				
	CK#				
	ID#				,
	CK#				
			SUB-TOTAL	s	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

TOTAL (if last page of this schedule)

Page \_\_\_1\_\_ of \_\_\_1\_\_\_ (for Schedule A)

\$12,800

FOR INSTRUCTIONS, SEE BACK OF FORM

## **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

**STATE PAC COMMITTEES: NOTE:** FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
_	CK THIS BOX IF NDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)	
Friends of Iowa Lakes	
19 South 7 <sup>th</sup> Street	
Estherville, IA 51334	

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	ID#			
12/23/09	CK#	Rahn & Company 1962 Juliet Ave St. Paul, MN 55105	Campaign theme development	\$1,000
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#	11-141-141-141-141-141-141-141-141-141-		
	CK#			
	ID#			
	CK#			
	<u> </u>		SUB-TOTAL	\$1,000
			TOTAL (if last page of this schedule)	\$1,000

### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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SUB-TOTAL \$

TOTAL (If last page of this schedule)

Page \_\_\_\_1\_\_ of \_\_\_1\_\_\_ (for Schedule G)